

OFFICIAL TDY TRAVELER AUTHORIZATION (Note: See Privacy Act Statement on reverse)			1. AUTHORIZATION NO. 0SLYVA	
2. TRAVELER (first name, middle initial, last name) WILLIAM M. OROS		3. TITLE		4. SOCIAL SECURITY NO. EPA-00-028610
5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED: 636 N Wright Street NAPERVILLE, IL 60563		6A. OFFICE/SERVICE AND DIVISION		6B. CORR. SYMBOL
		7. OFFICIAL DUTY STATION		8. OFFICE PHONE NO. 3128860315
		9. TYPE <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		10. CATEGORY <input checked="" type="checkbox"/> SINGLE TRIP <input type="checkbox"/> LOA (<input type="checkbox"/> COST <input type="checkbox"/> NO COST)
11. TRAVEL PURPOSE (check one) <input type="checkbox"/> SITE VISIT <input type="checkbox"/> INFORMATION MEETING <input type="checkbox"/> TRAINING ATTENDANCE <input type="checkbox"/> SPEECH OR PRESENTATION <input type="checkbox"/> CONFERENCE ATTENDANCE <input type="checkbox"/> ENTITLEMENT <input type="checkbox"/> SPECIAL MISSION <input checked="" type="checkbox"/> OTHER (SPECIFY)				
12. SPECIFIC TRAVEL PURPOSE E-ENFRCMNT RLD TRAV-NOSF				

13. AUTHORIZED OFFICIAL ITINERARY									
NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.									
DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c)		PER DIEM RATE			ACTUAL EXPENSE RATE (g)	MODE OF TRANS. BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
		CITY	STATE	M&IE RATE (d)	MAXIMUM LODGING (e)	TOTAL MAXIMUM (f)			
		FROM:							
06/11/12	MON	RES: NAPERVILLE	IL						
06/15/12	FRI	TO: MONTICELLO	IN	46	89		135		
-----	---	MONTICELLO	IN	---	---				
-----	---	TO: -----	--	---	---			----	----
06/15/12	FRI	TO: RES: NAPERVILLE	IL						
YES	NO	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? (If YES, explain in item 22, REMARKS) (Note: any deviations from the authorized itinerary requires a comparative cost statement)							
	X								
	X	15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If NO, justify in item 22)							
	X	16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If YES, justify in item 22)							
	X	17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (If YES, check one box below and complete item 17B) <input type="checkbox"/> USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT. <input type="checkbox"/> USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER							17B. MILEAGE RATE AUTHORIZED PER MILE.
X		18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? (If YES, justify in item 22) IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).							

19. TRAVELER IS (check one) <input type="checkbox"/> a. GOV'T CHARGE CARD HOLDER <input type="checkbox"/> b. GOV'T CHARGE CARD DECLINE <input type="checkbox"/> c. INFREQUENT TRAVELER			20. METHOD OF OBTAINING COMMON CARRIER TICKETS (check one) (Note: if item 19a was checked and you check 20b or c, explain in item 22) <input type="checkbox"/> a. INDIVIDUAL GOVERNMENT CHARGE CARD <input type="checkbox"/> b. BLANKET GOVERNMENT CHARGE CARD <input type="checkbox"/> c. GOVERNMENT TRANSPORTATION REQUEST <input type="checkbox"/> OTHER (explain in item 22)			21. FUNDS OBLIGATED A. INITIALS B. DATE	
22. REMARKS Item 15: Air travel not used. 0500-0667 SAMPLING						23. EST. COST TO GOVERNMENT	
						A. TOTAL COMMON CARRIER COST	\$ 0.00
						B. TOTAL PER DIEM AND OTHER	\$ 628.00
						C. TOTAL ESTIMATED COST	\$ 628.00
24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one) <input checked="" type="checkbox"/> a. GOVERNMENT ISSUED CHARGE CARD <input type="checkbox"/> b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT						25. ADVANCE AUTHORIZED \$ 0.00	

IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY										
A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP.										
26. NEAR ACCOUNT CLASS.	FUND	ORGANIZATION	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT / PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B
	Refer	to accounting	detail	attachment	(must	be enabled	on form	preferences).		
27A. NAME AND TITLE OF AUTHORIZING OFFICIAL ASHE - SAC					27B. SIGNATURE (PRESS FIRMLY USE BALL POINT PEN)			27C. DATE		